PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003											
	- Cile	Stive Octo	Del 1, 20	703		<u>. </u>		10, 75	6,5	390	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								MINY	OR		THAN ENTITY
TOTAL CLAIM	S	60					RATE	FEE	7	RATE	FEE
FOR		NUMBER FILED		NUMBER EXTRA .			BASIC FEI	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS.		60 minus 20=		• 40			X\$ 9=		OR	X\$18=	7-30
NDEPENDENT (ZLAIMS	4 minus 3 =		• /			X43=			X86=	
VIULTIPLE DEPE	NDENT CLAIM P	RESENT						 	OR		86
* If the difference in column 1 is less than zero, enter "0" in column 2							+145=		OR	+290=	1/ =1
OF TOTAL OR TOTAL									. –	676	
(Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	OTHER SMALL	
4	CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	ŀ	RATE	ADDI- TIONAL FEE
Total Independent	. 55	Minus		60	. —		X\$ 9=		OR	X\$18=	
Independent	• 4	Mirrus		4	•		X43=	,	OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						 	+145=			+290=	
	λ	(04,	07,00).		į	YOTAL		OR	TOTAL	
7/12/0	(Cotumn 1)		(Colum	<i>-</i>	(Column 3)	•	DOIT. FEE		OR	ADDIT, FEE	
1100	CLAIMS	T	HIGH	ST .		lr		ADDI-	1		ADDI-
	REMAINING AFTER]	PREVIO		PRESENT EXTRA		RATE	TIONAL	~	RATE	TIONAL
	AMENDMENT		PAID	OR .		V		FEE .	η		_FEE_
Total Independent	.57	Minus	-6	<u>ල</u>	-07		X\$ 9=		OR	=8)EX	
Independent	<u>• 4</u>	Minus		4_			X43a		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
						L	YOYAL			TOTAL	
0/02/1		•			•	A	DOIT. FEE		OF	ADOIT, FEE	L]
X128101	(Column 1)		(Colum		(Column 3)						
3	CLAIMS REMAINING		HIGHE	•	PRESENT	Ιг		ADDI-	1		ADDI-
9/2/11	AFTER	ł	PREVIO	USLY	EXTRA	H	RATE	TIONAL		RATE	TIONAL
OPLUDY	AMENDMENT		PAID F	OR_		L		FEE			FEE
Total	• 55	Minus	-6	<u>0</u>	- Ø		X\$ 9=		OR	X\$18=\	
independent	• 4	Minus .		4	= 0		X43=		OA	X86=	X
PIRST PRESE	NTATION OF MI	ATIPLE DE	PENDENT	CLAIM					UM.		
							+145=		OR	+2904	
*. If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ** OR ADDIT SEE											
4) the "Highest Nu	mber Previously Pa	Id For IN THI	S SPACE 5	less that	n 3, enter "3."	~	DON. FEE		•	ODIT. FEE	
	ber Previously Paid					r foun	d in the app	ropriale box	in cot	amn 1.	

Application or Docket Number